

# **MEDICAL AND LIABILITY RELEASE FORM**

A N T I O C H K I D S

*Once completed, this form will be kept on file through the end of the year. If any information changes before then, please notify the Children's Minister or fill out a new form.*

## **PERSONAL INFORMATION**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Emergency Contact (Other Than Parent): \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## **MEDICAL INFORMATION**

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
Other Conditions: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_ Can Child Swim? Yes \_\_\_\_\_ No \_\_\_\_\_  
Any Swimming Restrictions? No \_\_\_\_\_ Yes ( \_\_\_\_\_ )  
Any Activity Restrictions? No \_\_\_\_\_ Yes ( \_\_\_\_\_ )  
May we administer Tylenol, Advil, Benadryl or similar over-the-counter medication? Yes \_\_\_\_\_ No \_\_\_\_\_

## **INSURANCE INFORMATION**

Name of Insurance Provider: \_\_\_\_\_  
Provider Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Every activity sponsored by Antioch Christian Church is carefully planned and supervised, however, even with the best of planning and precaution accidents can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church related activities. He or she agrees not to hold Antioch Christian Church, its employees, or volunteer staff liable for damages, losses, or injuries to the student named above. He or she also understands that the signature below is for both medical and liability release.

In the event that I cannot be reached in the case of an emergency, I hereby give permission to the physician or dentist selected by Antioch Christian Church to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for the student named above, as deemed necessary by a licensed physician. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health care provider. Further, I affirm that the insurance information provided is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the Children's Minister or Volunteer Staff Members.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Unless otherwise noted, by signing above you are also consenting to allow your child's picture to be used on the church's website and other promotional materials.)